



# IDAHO REAL ESTATE COMMISSION

REE-141-4  
Rev. 10/02

(208) 334-3285 TRS (Telecommunications Relay Service) 1 800 377-3529

Mail or deliver this certification to: 633 N 4<sup>TH</sup> ST  
PO BOX 83720  
BOISE ID 83720-0077

*Commission Use Only*  
Date Filed \_\_\_\_\_

## ERRORS AND OMISSIONS INSURANCE CERTIFICATION OF COVERAGE

in accordance with Section 54-2013, Idaho Code and IDAPA 33.01.01

I hereby certify that the insurance company listed below has at least a B+ VI rating from the A.M. Best Company Insurance Rating Service. I further certify that:

LICENSEE NAME: (If Applicable) \_\_\_\_\_  
NAME OF REAL ESTATE FIRM LICENSED WITH: \_\_\_\_\_  
LICENSE NUMBER: \_\_\_\_\_  
LICENSE EXPIRATION DATE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
POLICY DATES: Effective \_\_\_\_\_ Expiration \_\_\_\_\_  
INSURANCE AGENT: \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
INSURANCE COMPANY: \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SPECIFY WHETHER FIRM OR INDIVIDUAL POLICY: \_\_\_\_\_

is insured against claims resulting from errors and omissions as a real estate licensee and that the above-referenced policy includes, at a minimum, the coverage required by IDAPA 33.01.01119 and meets the standards set forth in Chapter 20, Title 54, Idaho Code and IDAPA 33.01.01000, rules of the Idaho Real Estate Commission.

It is further understood and agreed that coverage for the person(s) insured by this policy is not independently obtained unless the Insurance Company agrees hereby that the policy may not be modified, terminated, cancelled, lapsed or nonrenewed, regardless of cause or reason, without the Insurance Company having provided the Idaho Real Estate Commission and the licensee with thirty (30) days' prior written notice.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
Insurance Representative  
DATE: \_\_\_\_\_

**Falsification is punishable under Section 41-1321, Idaho Code.**

**INDIVIDUAL POLICIES:** All certifications under this rule shall be executed on behalf of each licensee by separate certification form.

**FIRM POLICIES:** Group or scheduled listing of multiple licensees is acceptable with an attached list of licensees and license numbers signed by the insurance representative.